SYMPTOM

Penis pain

Penis pain is discomfort in the skin, head, shaft, foreskin, or urinary opening.

WHAT IT FEELS LIKE
Burning, soreness, aching, throbbing, or sharp pain

WHERE IT IS FELT
The head, shaft, foreskin, or urinary opening

MOST COMMON CAUSES
Friction, skin inflammation, urethral infection

WHEN IT IS URGENT
Erection lasting four hours, sudden injury, or trapped foreskin

USUALLY LASTS
Hours after irritation; longer when inflammation or infection continues

SEE A DOCTOR IF
Pain persists, returns, or comes with discharge or sores

Overview

Penis pain can affect the head, shaft, foreskin, or opening where urine comes out. It may happen only during urination, touch, sex, an erection, or ejaculation. Some people have pain even when the penis is at rest.

The cause may be something temporary, such as friction or irritation from soap. Other possibilities include inflammation, infection, a foreskin problem, injury, or a condition affecting the urinary tract. Pain can also spread to the penis from the bladder, prostate, groin, or nearby nerves.

The location and timing of the pain can offer clues, but they cannot confirm a diagnosis. New, persistent, or unexplained pain should be assessed by a healthcare professional.

What it may feel or look like

Penis pain may feel like burning, stinging, soreness, pressure, throbbing, or a sharp pain. It can be mild or severe and may begin suddenly or build gradually.

You may also notice:

Symptoms such as discharge or sores can occur with a sexually transmitted infection, or STI. However, similar symptoms may have non-sexual causes.

- Redness, swelling, itching, or tender skin
- Cracks, a rash, blisters, ulcers, or other sores
- Discharge from the urinary opening
- Burning or pain when passing urine
- Difficulty pulling back or replacing the foreskin
- A new bend, firm area, or painful lump during erections
- Bruising or a change in the penis's shape after an injury

Common causes

Friction and skin irritation can follow vigorous sex or masturbation, tight clothing, prolonged moisture, or use of fragranced soaps, lubricants, condoms, or other products. The skin may feel raw or tender.

Balanitis means inflammation of the head of the penis. When the foreskin is also inflamed, it is called balanoposthitis. It may cause redness, itching, swelling, soreness, odor, or discharge beneath the foreskin. Irritation, yeast, bacteria, skin conditions, and difficulty cleaning beneath a tight foreskin can contribute.

Urethritis is inflammation of the urethra, the tube that carries urine through the penis. It often causes burning during urination, tenderness at the tip, or discharge. It can result from an STI such as chlamydia or gonorrhea, although other infections and irritation are possible.

A urinary tract infection can also cause burning, frequent urination, urgency, or lower abdominal discomfort. Prostate inflammation may cause pain in the penis, pelvis, or area between the scrotum and anus, sometimes with painful urination or ejaculation.

Less common causes include a tight foreskin, skin disorders, urinary stones, nerve pain, or Peyronie's disease. Peyronie's disease involves scar tissue inside the penis and may cause painful erections, a firm area, or a new curve.

Penile cancer is uncommon and is not a typical cause of brief pain. However, a sore, lump, thickened area, bleeding patch, or skin change that does not heal needs medical assessment.

When to seek medical care

Go to an emergency department now if:

These problems can damage tissue if treatment is delayed. Do not try to drain an erection, straighten an injured penis, or force a trapped foreskin into place.

Seek same-day medical care if you cannot pass urine, or if pain comes with fever, pus, spreading redness, marked swelling, or feeling seriously unwell.

Book a routine appointment with a doctor or sexual health clinic if the pain lasts more than a few days, keeps returning, or is linked to urination, erections, or ejaculation. Arrange testing if you have discharge, sores, a new sexual partner, or possible STI exposure. A persistent lump, curve, wound, or skin change should also be checked.

- An erection lasts four hours or longer, even if it is not painful
- The penis bent forcefully during an erection, especially with a pop, sudden pain, bruising, swelling, or loss of the erection
- A retracted foreskin is trapped behind the head and cannot be moved forward
- There is severe injury, uncontrolled bleeding, or rapidly increasing swelling
- Penis or groin pain occurs with sudden, severe testicle pain

How the cause is found

A healthcare professional will ask where the pain is, when it started, and whether it is related to urination, sex, injury, or erections. They may ask about skin products, recent medicines, urinary symptoms, and sexual contact. You can ask for privacy and explain what happened in your own words.

An examination may look for inflammation, discharge, sores, foreskin tightness, injury, or changes beneath the skin. The groin, testicles, abdomen, or prostate may also need assessment, depending on your symptoms.

Tests are not always needed. When appropriate, they may include a urine sample, an STI test using urine or a swab, or blood tests. Ultrasound or other imaging may be used if there may be an injury, urinary blockage, abnormal blood flow, or a deeper lump.

Treatment and self-care

Treatment depends on the cause. Irritation may improve after avoiding friction and the product that triggered it. Infections may need antibiotics like amoxicillin or doxycycline ,

antiviral medicine, or antifungal treatment. Skin conditions and foreskin problems require different treatments, so using leftover antibiotics or an unconfirmed cream may delay the right care.

While waiting for assessment or for mild irritation to settle:

If you have a foreskin, retract it only as far as is comfortable and return it over the head afterward. Never force it back.

Avoid sexual contact if you have discharge, sores, or a possible STI until you have been assessed. If an infection is found, follow the advice given about testing, partner notification, treatment, and when sex can safely resume.

- Avoid sex and masturbation if they increase pain
- Wash gently with lukewarm water and dry the area carefully
- Avoid fragranced soap, deodorant, antiseptic, and untested home remedies
- Wear loose, breathable underwear
- Use non-prescription pain medicine only as directed on its label

What to expect

Pain from minor friction or irritation often starts easing after the trigger is removed. Inflammation or infection may last longer and may not settle without specific treatment.

Recovery after an injury or treatment for a foreskin, erection, or scar-tissue problem depends on its severity. Follow-up may be needed if pain continues, urinary symptoms return, or erections remain painful.

Seek reassessment if symptoms worsen, do not improve as expected, or return after treatment. New swelling, fever, difficulty urinating, or severe pain should be reviewed sooner.

Common questions

Can penis pain be caused by an STI?

Yes. Chlamydia, gonorrhea, herpes, and other infections can cause pain, burning, discharge, or sores. These symptoms can also have non-STI causes, so testing is the only way to know.

Is pain after sex always an injury?

No. Temporary soreness may come from friction, limited lubrication, or irritation from a product. Sudden severe pain, a popping sound, rapid bruising, swelling, or a new deformity

needs emergency care.

Should I put a cream on the painful area?

Not unless you know what is causing the problem or a healthcare professional recommends one. Antifungal like fluconazole or terbinafine , antibiotic, and steroid like prednisone or hydrocortisone creams treat different conditions, and the wrong product may irritate the skin or hide symptoms.

Can a painful erection be dangerous?

An erection lasting four hours or longer is an emergency. A shorter painful erection still deserves medical advice if it recurs, follows an injury, or comes with a new curve or firm area.

Sources

- Centers for Disease Control and Prevention: Urethritis and Cervicitis, STI Treatment Guidelines
- NHS: Balanitis
- NHS: Priapism
- NHS: Tight foreskin (phimosis)
- American Urological Association: Urotrauma Guideline
- National Cancer Institute: Penile Cancer Treatment-Patient Version